

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

**IN RE: CONSUMER RIGHTS AND CLIENT NEEDS
TECHNICAL ADVISORY COUNCIL**

September 22, 2020
1:30 P.M.

All Participants Appeared Via Zoom or Telephonically)

APPEARANCES

Emily Beauregard
CHAIR

Miranda Brown
Arthur Campbell
Patty Dempsey
TAC MEMBERS

CAPITAL CITY COURT REPORTING
TERRI H. PELOSI, COURT REPORTER
900 CHESTNUT DRIVE
FRANKFORT, KENTUCKY 40601
(502) 223-1118

APPEARANCES
(Continued)

Stephanie Bates
Veronica Cecil
Judy Theriot
Angie Parker
Charles Douglass
Sharley Hughes
Leslie Hoffman
DEPARTMENT FOR MEDICAID
SERVICES

(Court Reporter's Note: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.)

AGENDA

1. Welcome and Introductions
2. Approval of Minutes
3. Open Enrollment - TAC Members and DMS Staff
 - What is the status of MCO contracts for 2021?
 - Will Passport Health Plan members stay with Molina unless they actively select another plan during OE?
 - What information will beneficiaries be receiving to compare MCO plans?
4. Copay Regulation - TAC Members and DMS Staff
 - What is the status of the copay regulation?
 - How will Medicaid beneficiaries be informed of copay changes?
 - What is the plan for eliminating copays long-term?
- 1-2-3 Not Cost to Me Campaign and Coverage for Immigrants - TAC Members and DMS Staff
 - What counties/cities are being targeted? What has the response been from Black and Brown communities?
 - What coverage options is CHFS working to expand access to for individuals who will not be eligible for Medicaid after presumptive eligibility coverage ends?
 - Is DMS considering removing the 5-year bar for legally residing pregnant women?
 - How can individuals not otherwise eligible for Medicaid apply for Emergency Medicaid? Can an application be submitted online or over the phone? Will outpatient services be covered when considered medically necessary?
5. SUD and Reentry - TAC Members and DMS/OIG Staff
 - What is the status of DMS's 1115 waiver for pre-release services?
 - What alternatives are DMS exploring to eliminate suspension issues when individual's are released from incarceration?
 - Is there any OIG oversight of "sober living" housing or "recovery residences"? If not, is this something CHFS is working on?
6. Public Charge Rule - TAC Members and DMS Staff
 - Thank you for posting the memo! Can the link on CHFS's website be corrected to say "Public Charge" instead of "Public Change"?

AGENDA
(Continued)

7. 1915(c) Waivers - TAC Members and DMS Staff
 - What is the status of the EVV implementation?
 - What is the status of rate review?
 - On DMS's Appendix K application approved March 25th the Option K-2-I box wasn't selected (see below). Is there a reason for this? How are necessary supports provided in hospitals?
 - "I. ☐ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings."
8. ADA guidelines related to making accommodations for disabled individuals to participate in TAC and/or MAC meetings - TAC Members and DMS Staff.
 - What is the status of DMS providing personal assistance, interpretive services, transportation, and overnight accommodations as necessary to ensure full TAC/MAC participation?
 - Can a policy be written outlining the process an advisory committee member need to follow to request assistance/accommodations?
9. Recommendations for the September MAC Meeting - TAC Members
10. Upcoming Meetings
11. Adjournment

1 MS. BEAUREGARD: I will go
2 ahead and call the meeting to order. I'm Emily
3 Beauregard for folks who haven't met me before. I'm
4 the TAC Chair and the Director of Kentucky Voices
5 for Health, and it's nice to see some faces and see
6 people's names on here who we may not see as
7 regularly anymore.

8 This is our first Consumer TAC
9 meeting since the pandemic started, and, so, we're
10 excited to get these back on track.

11 If you joined after I
12 mentioned this, we're just putting people's names
13 and titles, and if you want your contact information
14 in the Chat so folks know who is on the phone.

15 We will do introductions of
16 TAC members and DMS staff. And, Sharley, did you
17 have any housekeeping that you wanted to go over
18 before we start the meeting?

19 MS. HUGHES: Basically, it was
20 just to let everybody know that we did not have all
21 the participants introduce themselves; but if any of
22 you speak, please be sure and give your name and
23 agency so we know who you are for the court
24 reporter. The TAC members need to be visible via
25 video.

1 MS. BEAUREGARD: Thank you,
2 Sharley.

3 MS. HUGHES: I will try and
4 watch Chat in case anybody has questions. So, if
5 somebody other than the TAC members has a question,
6 if you want to type it in Chat and I'll try and help
7 Emily get those questions answered.

8 MS. BEAUREGARD: Thank you.
9 That would be really great. And if people can just
10 keep their phones on mute when you're not talking
11 and if you want to use that Chat function, that
12 would be helpful.

13 So, I'll just call on our TAC
14 members to do introductions. And, then, as DMS
15 staff speak, you just introduce yourself like
16 Sharley said.

17 (INTRODUCTIONS)

18 MS. BEAUREGARD: The first
19 thing on our agenda is approval of minutes from
20 February since we haven't met since then. It's been
21 such a whirlwind of a year. Are there any questions
22 or concerns before we make a motion to approve? Any
23 changes? I'll take a motion.

24 MR. CAMPBELL (By Interpreter:)
25 I'll make a motion that we approve the minutes of

1 February.

2 MS. BEAUREGARD: Thank you,

3 Arthur. Can I get someone to second?

4 MS. DEMPSEY: I'll second.

5 MS. BEAUREGARD: Thank you,

6 Patty. All in favor. Any opposed? Minutes pass.

7 The first topic of discussion

8 on the agenda is open enrollment. Would it be

9 helpful for me to share the agenda? I can do that if

10 you give me permission. I'll go ahead. Oh, it's

11 disabled. Never mind. I thought the option was

12 there.

13 MS. HUGHES: I'll go ahead and

14 share it.

15 MS. BEAUREGARD: That would be

16 great. Thank you.

17 MS. HUGHES: Stephanie Bates,

18 Deputy Commissioner, is on the line and she will be

19 able to address your Number 3 items on open

20 enrollment.

21 MS. BEAUREGARD: Perfect.

22 Thank you. Hi, Stephanie.

23 MS. BATES: So, Sharley, are

24 you going to share that because I don't have it in

25 front of me?

1 MS. HUGHES: Yes.

2 MS. BEAUREGARD: As Sharley is
3 getting it up on the screen, I'll just tell you. I
4 can walk through these. The first is a status of
5 MCO contracts for 2021.

6 MS. BATES: So, I have a couple
7 of things to say about that. We're still on target
8 as of right now but there is a pending lawsuit. So,
9 I can't really talk a whole lot about that, but we
10 still are on track until we hear something back from
11 a Judge on that lawsuit. So, that's about all I can
12 about that.

13 I will say that because of
14 that lawsuit, we had to halt sending out open
15 enrollment letters. The Judge ordered us to do
16 that. Only about twenty thousand, I think, went out
17 one day and then we were told to stop.

18 MS. BEAUREGARD: I did see an
19 email that was sent to some Application Assistants.
20 So, did the Judge indicate when he or she would make
21 a ruling so that we know when people will get their
22 open enrollment information?

23 MS. BATES: Well, I think we're
24 expecting to hear something maybe by Friday
25 hopefully, but that doesn't mean that the open

1 enrollment letters will start back. It will just
2 mean whether or not we have been - it's an
3 injunction hearing. So, they'll either say we have
4 to completely stop everything or we can keep going.
5 So, everything is just up in the air right now.

6 MS. BEAUREGARD: Okay. All
7 right. Thank you.

8 MR. CAMPBELL (By Interpreter:)
9 You don't know why she stopped it, do you?

10 MS. BATES: Because one of the
11 MCOs that did not get a contract for January of 2021
12 filed an injunction hearing. The Judge had to rule
13 on that or has to rule on that - hasn't done that
14 yet but we've been ordered to stop to reduce
15 confusion for our membership.

16 MR. CAMPBELL (By Interpreter:)
17 Okay. Thank you.

18 MS. BEAUREGARD: Stephanie, so,
19 the notice that went out was very, very vague and it
20 kind of just left more room for questions and maybe
21 some anxiety.

22 So, if it's possible, if by
23 Friday there's no real clarity on what's going to
24 happen next, it might be good to send out a notice
25 just saying that it's really due to the lawsuit

1 because I think it's just left open for people's
2 imaginations.

3 MS. BATES: We can only do what
4 the Judge allows us to do.

5 MS. BEAUREGARD: So, you can't
6 say what----

7 MS. BATES: I don't know that
8 the Judge has ruled yet because they're not - he
9 doesn't have to rule until Friday. So, everything
10 is dependent on what the Judge asks us to do.

11 MS. BEAUREGARD: Oh, no, I
12 understand that.

13 MS. BATES: Of course, we will
14 communicate as much as we can. If something happens
15 and we have to stop everything, obviously we will
16 communicate that; but what went out through open
17 enrollment, if we're allowed to continue, will
18 continue to go out.

19 MS. BEAUREGARD: No, no, no.
20 Okay. I understand now where I might not have been
21 clear. So, what I was meaning to say is the people
22 like the Application Assistants who got the very
23 brief notice that open enrollment was kind of paused
24 or on hold and not to share any information, that
25 was just very vague, not the open enrollment

1 information that went to consumers.

2 So, if this continues for a
3 while, the injunction, or having to keep Medicaid
4 open enrollment on hold continues beyond this week,
5 it might be good to just share that it's related to
6 a court case because I think people are just
7 imagining lots of different scenarios.

8 MS. BATES: Right. We will do
9 that if we're allowed to reference, of course, the
10 court case. So, I can't really say, but, of course,
11 if there's any way that we can, we will communicate.

12 MS. BEAUREGARD: Okay.

13 Miranda, did you have something?

14 MS. BROWN: I was agreeing that
15 Application Assistors were a little confused by the
16 email that went out. So, a little bit of
17 clarification if possible would be helpful.

18 MR. CAMPBELL (By Interpreter:)
19 Am I right, right now, no one can get on Medicaid
20 until the Judge rules? Am I right?

21 MS. BATES: No. No. Anybody
22 can apply for Medicaid still. All of that is the
23 same. The presumptive eligibility is still the
24 same. The only thing that is on hold - open
25 enrollment still isn't really on hold. The only

1 thing that is on hold is us mailing out open
2 enrollment materials to members.

3 We have not stopped
4 systematically open enrollment. We haven't done
5 anything systematically and we can't until we know
6 what we are allowed to do after the Judge rules; but
7 as far as Medicaid, anybody can apply for Medicaid
8 today just as they did two weeks ago or whenever.

9 MR. CAMPBELL (By Interpreter:)
10 All right. Thank you.

11 MS. BATES: You're welcome.

12 MS. BEAUREGARD: Arthur, I
13 would guess that the issue with the lawsuit is that
14 Anthem is hoping to keep their contract for next
15 year because that's the dispute, and, then, the open
16 enrollment materials would have to change because
17 people would have the option of Anthem if they were
18 to win the case, I would guess.

19 I think what Stephanie is
20 saying is it's just the materials with the
21 information about the plans. So, hopefully, we'll
22 get more information about that soon.

23 Another question that I had,
24 Stephanie, and this is assuming----

25 MS. HUGHES: Can you all see

1 the agenda now?

2 MS. BEAUREGARD: Yes, we can.

3 Thank you, Sharley.

4 This is assuming that nothing
5 changes with the plans that we're anticipating for
6 2021. Since Passport has been purchased by Molina
7 but is essentially a different plan, will the
8 members that are currently with Passport Health Plan
9 stay with Molina unless they actively select another
10 plan?

11 MS. BATES: So, Molina acquired
12 Passport and all that Passport owns including its
13 members. And, so, the name right now that is on
14 open enrollment materials that we're holding is now
15 Passport Health Plan by Molina Healthcare.

16 And, so, those Passport
17 members will just go into that plan which is
18 essentially owned by Molina anyway. So, that's the
19 plan there as of today.

20 MS. BEAUREGARD: Will
21 information about the specific benefits and
22 additional incentives that each MCO provides, will
23 that information be going out because I think for
24 Passport members in particular, if they're going to
25 be kept on with Molina, if there's any change in

1 what those benefits or incentives are, they'd
2 probably want to know?

3 MS. BATES: The MCOs are
4 responsible for relaying that information out and
5 doing their advertising. Of course, Passport
6 members who have been acquired by the Molina plan,
7 there's going to be extra expectations for
8 communication. It already has started because that
9 honestly is going to happen anyway because of the
10 fact that it's an acquisition that's outside of the
11 contract.

12 MS. BEAUREGARD: The
13 difference is with Anthem going away, we assume,
14 every Anthem member will have to select a plan or
15 they'll be auto-enrolled. In this case, even though
16 Passport has gone away in one sense but Molina has
17 purchased them, if they change the provider network
18 or the benefits, I just want to be sure that members
19 who are enrolled with Passport today are clear on
20 what their network and their benefits and incentives
21 will be for next year and not assume that Passport
22 is the same.

23 MS. BATES: Right. Yes. All
24 MCOs are responsible for communicating benefits to
25 their members, and in this case, any changes and

1 providers, to be honest with you, so, with those
2 members and providers.

3 MS. BEAUREGARD: Okay. In the
4 past, in past open enrollment years, there's been a
5 side-by-side comparison of each plan which has been
6 really, really helpful for consumers, and I know
7 that Application Assistors have really appreciated
8 having that whenever they're helping to explain the
9 difference between the plans.

10 We noticed that that wasn't in
11 the materials this year. Is that something that DMS
12 is still working on?

13 MS. BATES: No. We decided
14 this year just to relay the information and for the
15 plans to do what they do as far as advertising and
16 all of that.

17 Part of the reason why we did
18 that is because we felt that just based on what we
19 had created in the past, some of the plans may have
20 had an undue advantage. We kept the report card in
21 there but obviously we couldn't put the new plans,
22 any kind of scores on there because they weren't
23 plans before.

24 But, no, that was a decision
25 we made and we are relying on all of the plans to

1 advertise what they have to offer. Obviously, the
2 websites are out there and are making that available
3 to Assistors and everyone else, right, all the DCBS
4 folks and all of that.

5 And, then, I believe, and I'll
6 have to make for sure because I'm not sure on this,
7 but I think some of that information is available on
8 the self-service portal as well.

9 MS. BEAUREGARD: So, the portal
10 will have information on the benefits and provider
11 networks of each MCO?

12 MS. BATES: No. Really, what I
13 just said was is I believe - I'll have to check - I
14 believe that that information is on the self-service
15 portal but I'll check.

16 MS. BEAUREGARD: That would be
17 good to know. Thank you.

18 MR. CAMPBELL (By Interpreter:)
19 I never heard of this company. Does anyone know if
20 it is a good health company?

21 MS. BATES: The Department
22 can't answer that question.

23 MS. BEAUREGARD: Arthur, are
24 you speaking about Molina in your question?

25 MR. CAMPBELL: Yes.

1 MS. BEAUREGARD: They have
2 operated in Kentucky before that I know of but I
3 don't have much more information.

4 MR. CAMPBELL: Thank you.

5 MS. HUGHES: There is a
6 question in the Chat. So, no plan details on the
7 United Healthcare MCO until the Anthem lawsuit is
8 settled?

9 MS. BATES: I don't understand
10 the question. What do you mean by information?

11 MS. HUGHES: Plan details for
12 the United Healthcare MCO.

13 MS. BEAUREGARD: Stephanie, did
14 you say that marketing is still going on even though
15 it's the open enrollment materials from DMS that are
16 on hold?

17 MS. BATES: As of right now,
18 unless we're told to stop, yes, it's all that stuff,
19 but I'm not sure what the question is asking. I
20 don't know what plan details, what that means.

21 MS. HUGHES: They have written
22 back. It says like provider network and so forth.

23 MS. BATES: So, all of that
24 work is still going on behind the scenes and they
25 each have websites out there right now. They're

1 actively recruiting and contracting with providers
2 now. And, so, as we get through readiness,
3 obviously, we have to get through a lawsuit as well.
4 So, everything is kind of pending on this lawsuit
5 before we do a whole lot of outward push with a lot
6 of those things; but as soon as we get more
7 information, we will get that out to the TACs
8 through Sharley.

9 MS. BEAUREGARD: So, Shawn, I
10 saw your followup there about eyeglasses, too, and
11 it's my understanding from the UHC folks that they
12 are getting approval for information about the
13 particular benefits and incentives.

14 So, I don't know, Whitney, if
15 you want to share any more information today. I
16 don't want to put you on the spot.

17 MS. ALLEN: No problem. So,
18 we're just waiting for State approval on some of the
19 marketing materials----

20 MS. HUGHES: Excuse me. Can
21 you identify yourself, please. I'm sorry.

22 MS. ALLEN: Yes. Whitney Allen
23 with United Healthcare. And in answer to your
24 question, we're just waiting on State approval for
25 some of the marketing materials that we distributed,

1 but happy to help answer any questions from some of
2 the groups that are on the phone if they want to
3 contact us afterwards. And, then, once we get that
4 State approval, then, we'll be able to distribute
5 those materials that speak directly to those value-
6 added services.

7 MS. BEAUREGARD: Great. Thank
8 you.

9 MS. BROWN: As an Application
10 Assistor, it's been really helpful to have
11 information about eyeglasses and dental care because
12 those are two of the primary things that I think,
13 other than provider networks, those are two of the
14 things that applicants will need. That was one of
15 the things that was in the side-by-side previously.

16 I understand what you're
17 saying, Stephanie, about maybe not including all the
18 details that were in the side-by-side. You don't
19 want to give an advantage to certain MCOs, but I do
20 think that's important information to help consumers
21 make an informed decision about the dental and eye
22 care.

23 MS. BATES: And those are more
24 than welcome to share that with the TACs. That is
25 completely an MCO decision. I don't know why they

1 wouldn't do that.

2 MS. BEAUREGARD: It would be
3 great to have that information. My biggest concern
4 is that consumers get the information in one place.
5 So, if it is on the SSP or if we - I'll speak now
6 for KDH - could put together something that would be
7 maybe not as comprehensive as that side-by-side has
8 been in the past but at least speaks to the issues,
9 the services that people are most concerned about,
10 we'd be happy to do that, but we just want to make
11 sure consumers aren't having to go in search of five
12 separate websites and really dig around for this
13 information because it will happen.

14 So, we'll continue to follow
15 up and any information that we can get after this
16 call would be great.

17 I think that that was really
18 our last question about open enrollment. Were there
19 any others before we move on? I know, Stephanie,
20 that you mentioned the SSP which has been
21 redesigned, and I believe it's launching in October,
22 right? Is it going to be ready for open enrollment?

23 MS. BATES: Yes.

24 MS. BEAUREGARD: So, that is
25 supposed to be a more user-friendly, easier-to-

1 navigate system which we're excited about. So, we
2 really appreciate DMS' work on that.

3 The next item on the agenda
4 which I forgot to number, so, I apologize for
5 drawing things off. I was going to renumber it and,
6 then, I decided that that might be more confusing to
7 have a separate version of this document.

8 So, it's the 1-2-3 No Cost to
9 Me Campaign.

10 MS. BROWN: Emily, what about
11 Number 4?

12 MS. BEAUREGARD: Oh, I'm sorry.
13 I totally skipped that. I was so, like, focused on
14 the un-numbered. Yes, the copay regulation. Thank
15 you. Let's go back to the copay regulation and what
16 the status is. I think there's been some confusion
17 about what's changing and why it had to change.

18 MS. BATES: So, Veronica, are
19 you on here? Can you speak to the reason why it had
20 to change?

21 MS. HUGHES: She is on.

22 MS. BATES: She may have had to
23 step away. All I know is that there was a part of
24 the statute that sunset at the end of June, the end
25 of the last State fiscal year. And, so, there was

1 some language in there that said that we basically
2 had to have a nominal copay.

3 So, at one point, we tried to
4 figure out what's the actual definition of nominal.
5 We were trying to make the definition of nominal be
6 zero but that's not necessarily what went over.

7 So, where we settled and what
8 was filed and what passed committee, I believe, a
9 couple of weeks ago was that we chose for the three
10 services that are required to have a copay which was
11 non-emergency use of the ER and non-emergency use of
12 the ambulance and prescriptions, we decided to do a
13 \$1 one time per year copay on those.

14 And, then, within that
15 regulation, MCOs also have the ability to waive if
16 they choose to do that. And this is all fairly new.
17 So, I'm not going to be able to answer a question
18 about whether or not they're going to waive because
19 we don't know that yet.

20 MS. BEAUREGARD: That was going
21 to be my next question.

22 MS. BATES: I knew it was. I
23 could see it coming, but I promise you, I would tell
24 you if I knew. Where it's so new, we've kind of
25 gotten with them on their handbooks and they kind of

1 are in the same boat as you in saying what's going
2 on with the copay regulation.

3 So, anyway, that's where we
4 are. Hopefully, all of the MCOs will go ahead and
5 waive but I just don't know that. We haven't
6 directed them to do that, but I think the hope is is
7 that during the next Session, we're able to
8 eliminate copays altogether.

9 MS. BEAUREGARD: We would
10 really like to see that happen, and I know that
11 Senator Meredith----

12 MS. BATES: That's where we
13 were going until this happened.

14 MS. BEAUREGARD: Right. Oh,
15 yeah. We appreciated the work that DMS did to
16 eliminate copays in the first place with the
17 changes to the regulation and understand that
18 because that language wasn't in the budget bill,
19 that this had to happen.

20 But I guess I'm worried about
21 how consumers are going to be informed of this
22 temporary change, and I suppose it may not be
23 necessary if every MCO chooses to waive the copays;
24 but if they choose not to, then, that would be
25 really important information for consumers to have

1 during open enrollment, too.

2 MS. BATES: Yeah. So, we'll
3 probably get that out over the next few weeks.
4 Again, this is one of those weeks we're just trying
5 to get on the other side of hope, to be honest with
6 you. And, so, as soon as we get more information on
7 that, we'll share that as well.

8 MS. BEAUREGARD: That would be
9 great. Is there a deadline for when MCOs have to
10 tell you if they're planning to charge or not?

11 MS. BATES: Well, first they
12 have to know if they'll be MCOs on 1/1. So, there's
13 the first thing they have to know. So, no, there's
14 no deadline set right now because, again, we're
15 trying to get on the other side of this week to see
16 what we're doing.

17 MS. BEAUREGARD: Thank you.

18 MR. CAMPBELL (By Interpreter:)
19 I have a question. People who are on SSI and Social
20 Security both get \$800 a month. Am I right? You're
21 going to make us pay \$1 a year for our medicine,
22 right?

23 MS. BATES: So, the rules
24 around who is exempt from copays still applies. So,
25 I don't know what eligibility group we're talking

1 about specifically. I'm happy to put something in
2 writing if you want to send me something in writing,
3 but there's still a whole group of people that are
4 exempt from copays. So, those people would not have
5 to pay the \$1, and I'm happy to share those exempt
6 groups with the TAC so you have that in writing.

7 MR. CAMPBELL (By Interpreter:)
8 Right now, people who only get \$800 a month don't
9 pay copays.

10 MS. BATES: All copays are
11 waived right now during the public health emergency.
12 Yes, that's correct.

13 MR. CAMPBELL: Thank you.

14 MS. BEAUREGARD: Any other
15 questions about the copay regulation? So, we'll
16 look for more information when it's available.

17 Now the next item on the
18 agenda is the 1-2-3 No Cost to Me Campaign and
19 Coverage for Immigrants. Stephanie, are you going
20 to be responding to this one, too, or is there
21 someone else from DMS?

22 MS. BATES: I don't know about
23 this one. Is this the same thing that's being
24 brought up at the MAC on Thursday? Emily, do you
25 know?

1 MS. BEAUREGARD: I'm not sure.

2 MS. BATES: So, does this have
3 to do with the Public Charge Rule?

4 MS. CECIL: Hi. This is
5 Veronica Cecil. Sorry, I was on a call. Veronica
6 Cecil with Medicaid. So, this is the campaign
7 that's being run to try to increase enrollment and
8 cover more folks.

9 I'm sorry, Emily, because I
10 don't think our policy folks are on to give us an
11 update on what specific counties and cities were
12 being targeted. I apologize that we don't have that
13 information but we will get it for you and we'll
14 provide it to you in writing and if we've been able
15 to evaluate the response yet.

16 MS. BEAUREGARD: Okay. That
17 would be really helpful. Do you have more
18 information about the second piece of this, the
19 coverage for immigrants? Specifically, we are
20 wanting to know if DMS is considering removing the
21 five-year bar for legally residing pregnant women
22 which is an option that every state has.

23 The state, as I'm sure you
24 know, took - I think this was back in 2014 - took
25 the option to remove the bar for legally residing

1 children but not for pregnant women and we think
2 that's a real opportunity to reduce disparities.

3 And, then, the other option
4 would be making some minor changes to emergency
5 Medicaid that would allow for outpatient services in
6 addition to inpatient services.

7 MS. CECIL: Emily, I think
8 those things are still under consideration by the
9 Commissioner.

10 MS. BEAUREGARD: Okay. I
11 think probably most folks on the phone aren't very
12 familiar with emergency Medicaid or time-limited
13 emergency Medicaid I think is the official term.
14 Can you tell us how individuals who are not
15 otherwise eligible for Medicaid apply for emergency
16 Medicaid right now?

17 MS. CECIL: Stephanie, do you
18 have any----

19 MS. BATES: Yeah. I mean, I
20 think - I'm not real sure all the ways that that's
21 happening right now. Again, we can provide a list.
22 Of course, before, that was just done a lot of times
23 in hospitals and places like that but we've expanded
24 that.

25 But I will tell you, to answer

1 the last part of your question, so, for presumptive
2 - we're talking about presumptively eligible folks,
3 right, Emily?

4 MS. BEAUREGARD: Well, that's
5 where I think we've had some discussions with the
6 Commissioner outside of these TAC meetings, and we
7 do have some concerns about immigrants who would not
8 otherwise be Medicaid eligible using presumptive
9 eligibility because of the Public Charge Rule and
10 how it could apply and affect them.

11 So, emergency Medicaid is
12 exempt from the Public Charge Rule and we just
13 really want people to know their options. They
14 ultimately should be able to make the choice but to
15 know if what they're seeking is specifically COVID-
16 19-related services that can be treated under
17 emergency Medicaid or if they really do have some
18 emergent condition if what they need is more
19 preventative care or just care for other conditions
20 and they so choose to enroll in presumptive
21 eligibility. We just want to make sure that they're
22 informed about that choice.

23 MS. BATES: It totally makes
24 sense. And the only reason why I'm asking so many
25 questions is because there's a lot of confusion that

1 we've noticed especially in the past couple of weeks
2 about this verbiage, right? What is emergency
3 Medicaid? What is presumptively eligible? What
4 does that mean? And people call it different
5 things. So, that's why I was, like, what's the
6 question?

7 MS. BEAUREGARD: Yeah, exactly.
8 Well, I'm glad you're asking because maybe we need
9 to be more clear. I think that consumers basically
10 don't know the difference and we need to better
11 educate consumers on their options and what the
12 risks for benefits might be for those various
13 options.

14 And I think the Kentucky Equal
15 Justice Center is actually working on some sort of
16 flyer right now, like a one-pager on emergency
17 Medicaid and I'm sure it will be very accurate
18 information, but we really feel like people aren't
19 informed about these two separate programs and how
20 they might use them.

21 MS. BATES: And we've noticed a
22 lot of people are using these interchangeably,
23 right?

24 Now, I didn't realize.
25 Sharley just told me that Shellie and Charles are

1 both on. Would you all be able to answer?

2 MR. DOUGLASS: For emergency
3 Medicaid, that only comes into play when there's an
4 actual emergency of someone who has no insurance
5 that shows up at a hospital or an ER and is treated.
6 Once that emergency is no longer viable, then, that
7 coverage ends.

8 There's no outpatient coverage
9 except for individuals that may have shown up at the
10 hospital. Something like kidney failure, that
11 emergency remains and they need dialysis, that's
12 something that is covered.

13 Generally, the coverage that
14 they get is time-limited and as that time is close
15 to running out based on their emergency situation,
16 an extension can be given. Normally that comes to
17 us through the DCBS offices who follow those
18 particular patients who have received the emergency
19 Medicaid through them. They typically are the ones
20 that assign it and it comes from the hospitals.

21 MS. BEAUREGARD: Okay. Yeah, I
22 understood the hospitals typically were the ones to
23 apply for emergency Medicaid, but I've also asked
24 some Assistors and very few people know that you can
25 call DCBS and request an emergency Medicaid

1 application but I think that you can. I don't know.
2 Maybe it's only in certain circumstances. Miranda
3 can probably tell us more.

4 But, then, I also just wanted
5 to mention that there are states that are doing
6 outpatient services and they are still related, as
7 you said, to an emergency condition.

8 But now that CMS has said that
9 COVID-19-related services can be covered under
10 emergency Medicaid, we know that many of those
11 services, in particular testing but also some types
12 of treatment, and, then, eventually the vaccination
13 won't be inpatient.

14 So, we just want to make sure
15 that people are able to receive those services for
16 COVID-19 specifically. And, Miranda, did you want
17 to add anything?

18 MS. BROWN: Yeah. I was just
19 going to speak to that. I've seen in the past where
20 some hospitals would help people apply for emergency
21 Medicaid but often people don't get that assistance
22 at the hospitals.

23 And, so, they can call DCBS
24 and I've helped people call DCBS after their
25 hospital visit to apply. And actually through the

1 Benefind SSP right now, if I bring an application
2 for someone who is not eligible and someone who is
3 not eligible for Medicaid is in a hospital, those
4 Medicaid members, it will ask if they have an
5 emergency condition.

6 And, so, I can actually
7 initiate an emergency Medicaid application through
8 Benefind. So, there are other ways to apply and I
9 do think it could be really helpful and really
10 critical information for people who might be using
11 it for COVID-19 services.

12 MR. DOUGLASS: Now, the funding
13 for emergency Medicaid, actually, it's not Medicaid,
14 per se. That funding is separate from the Medicaid
15 funding. It's a certain amount of money that is
16 earmarked for the entire nation.

17 Currently, 75% of emergency
18 Medicaid money is spent in California. The other
19 25% is spread out through the other forty-nine
20 states. So far, we have not had any inquiries in
21 Kentucky, I guess, for emergency Medicaid for COVID-
22 related things since currently we probably have -
23 and I'm on a task force - we have probably the best
24 COVID testing in the nation. And, so, we've not had
25 anybody inquire as to whether or not we would

1 pay----

2 MS. BEAUREGARD: Well,

3 Charles----

4 MR. DOUGLASS: And for a
5 potential vaccine, that's so far in the future
6 probably, that's something we've not even discussed.

7 MS. BEAUREGARD: I would guess
8 that the reason there haven't been inquiries is
9 because people simply don't think that it's an
10 option.

11 They're not even aware of
12 emergency Medicaid, let alone that it would be an
13 option for them as someone who may not have
14 documentation to live in the country, that they may
15 just not know that that's an option and something
16 that they could request.

17 So, it's really about
18 informing people of what their options are so that
19 they have that information to make those decisions
20 and to know how to initiate an application.

21 I think that's what is really
22 important here because individuals often just avoid
23 getting care. They'll just wait until it becomes
24 life threatening or kind of suffer at home and get
25 through it; but if people need treatment or even

1 need testing, some people know that there's free
2 testing available. Other people don't. We get
3 questions about it pretty regularly. And we've also
4 heard a number of people say that they have been
5 billed for COVID testing even though the law is that
6 no one should be billed.

7 So, for all of those reasons,
8 I think we need more information about these options
9 and we need to get it out to consumers. I think the
10 fact that Miranda and I know about it is just
11 because we're both advocates but most people in
12 Kentucky don't know.

13 MS. CECIL: So, if KEJC is
14 putting together something on that, we, first of
15 all, very much appreciate it because we're not
16 trying to hide coverage that's available to people.
17 So, Miranda, if you guys want to share with us,
18 we're happy to work with you on that and, then, also
19 help distribute when something is created.

20 MS. BROWN: Thank you. It's an
21 update on something that we actually used several
22 years ago and hadn't updated in a while because
23 things were in flux. And, so, we're working on it
24 and thank you for the option to share.

25 MS. BEAUREGARD: And, Veronica,

1 I'll just add, we understand that you all have been
2 working incredibly hard to respond to everything
3 during the pandemic.

4 So, the presumptive
5 eligibility option is fantastic. Having expanded
6 presumptive eligibility has been a game-changer for
7 Kentucky and we want people to have that as one
8 option.

9 We just feel like for certain
10 individuals, there is a risk there. And, so, we
11 want to make sure that there's more information out
12 in the public so that they have choices to make,
13 even though we understand that there are a lot of
14 limitations around emergency Medicaid. We certainly
15 don't want to over-market it. We just want people
16 to have that information. So, thank you all.

17 Any other questions related to
18 the Campaign and Coverage for Immigrants before we
19 move on?

20 I actually did have one
21 question I wanted to go back to on copays just to
22 verify. If someone has fee-for-service and let's
23 say there's not an exemption currently in the
24 regulation, would fee-for-service be charging these
25 \$1 copays or can DMS waive them?

1 MS. BATES: So, fee-for-service
2 could charge them.

3 MS. BEAUREGARD: But can waive
4 them.

5 MS. BATES: That's an option.
6 Everything is so new, we kind of have to look at the
7 impact on things and we have to make sure that at
8 the end of day that everybody is following the law.
9 So, I'll just leave that there.

10 MS. BEAUREGARD: Okay. Seeing
11 that it's not an MCO, I wasn't sure if it was a
12 requirement to charge.

13 Was somebody else about to say
14 something? I'm sorry.

15 MS. CECIL: It was me and I was
16 just going to basically support what Stephanie said.
17 The regulation, it still may go before the committee
18 of jurisdiction, Health and Welfare, and there's a
19 lot to implementing it, giving notice.

20 I think the important thing to
21 keep in mind right now is that there are no copays
22 during the health emergency and we will be very
23 sensitive to, once this gets implemented, making
24 sure there's proper notice to everybody.

25 And we definitely need you

1 guys to help us with that, advocates to help us get
2 that word out and make sure people understand what
3 the requirements are.

4 And it is unfortunate that we
5 have had to kind of craft something very different
6 than what we went to go and ask for which was just
7 completely removing the copays altogether, but the
8 committee, it was the Administrative Regulation
9 Committee's responsibility to ensure that we're
10 following the law as they interpret it. And, so, we
11 really had to kind of make last-minute changes to
12 comply with that.

13 But it will be fantastic if
14 there's just a ton of people who, during the next
15 General Assembly, go to their legislators and talk
16 about the fact that it's something that should be
17 removed. It's something that changing a shall to a
18 may could be very critical to getting coverage to
19 people.

20 MS. BEAUREGARD: Well, I think
21 a lot of advocates are planning to. Thank you,
22 Veronica. And I think that the \$1 one time is about
23 as good a compromise as you can have in the
24 meantime. So, we appreciate that.

25 I think we can go on to Item

1 5, the SUD and Reentry section on the agenda.
2 Sharley, could you just move things up a little bit
3 on that page?

4 MS. HUGHES: Yes. And we've
5 got Leslie Hoffman on.

6 MS. HOFFMAN: What's the status
7 of the 1115 waiver for incarceration? We've just
8 submitted our draft to CMS for completion. We
9 wanted to see if we had all the pieces that we
10 needed for a complete application and it's an
11 amendment to our current SUD and we got one comment
12 back today.

13 So, we had asked them to have
14 that back to us yesterday. We received it today.
15 So, we're like a day late getting that done, but
16 we're looking to have it in public comment around
17 9/30 which would be sometime next week. And once
18 it's out for public comment, that will be for thirty
19 days and, then, it will go back to CMS.

20 Now, as far as an approval
21 date - we have been talking to CMS - they aren't
22 able to give us an approval date because they are
23 working on their own guidance internally. So, it
24 may take a while. We don't look for it to be a
25 quick turnaround because they're working. We're

1 kind of, for lack of better words, the guinea pig on
2 this one. We're the first state in the nation
3 that's done this. So, we're trying to include
4 pretrial. We're trying to include also the thirty
5 days prior to release, getting them connected to
6 their MCO of choice. And in between time, as long
7 as they're eligible for the services, they would be
8 able to receive SUD services while incarcerated
9 behind the wall. So it's very exciting.

10 What alternatives are you
11 exploring to eliminate suspension? So, if a person
12 is deemed eligible, it's voluntary, and if they're
13 deemed eligible and they are in the program, there
14 won't be a suspension. They will be eligible for
15 services on Day 1 which is how we identified
16 incarceration to include those pretrial members.

17 MS. BEAUREGARD: So, if I'm
18 understanding correctly, anyone who is incarcerated
19 but pretrial, they would have active Medicaid, not
20 that they would be necessarily using it unless they
21 were getting these services specifically outlined
22 under the waiver.

23 MS. HOFFMAN: Yes. It's
24 voluntary. So, if somebody decides not to go in to
25 the programs that we have that we're working on to

1 expand - most of them are already established.
2 We're just trying to expand them and to allow for a
3 larger group of people to be served, but as long as
4 they're voluntarily going into the program, the jail
5 deems them qualified. There are a couple of rules
6 around what's qualified.

7 And as long as they're deemed
8 qualified, then, there shouldn't be a suspension
9 ever put on to their Medicaid while they're
10 incarcerated.

11 MS. BEAUREGARD: Whether it's
12 pretrial or not.

13 MS. HOFFMAN: That's correct.

14 MS. BEAUREGARD: Okay. So,
15 Kentucky Voices for Health and a number of other
16 advocates, the ACLU of Kentucky actually kind of led
17 the effort to do a sign-on letter and we were
18 looking to what Massachusetts did which was lifting
19 the suspension for anyone who was pretrial, but we
20 really saw that as not necessarily being a
21 limitation, that pretrial isn't something that
22 really is different in any sort of substantial way.

23 So, we thought perhaps anyone
24 incarcerated at least in jails could keep their
25 Medicaid active so that there wouldn't be any delay

1 in coverage when they were released. Is that still
2 something that DMS is considering or are you going
3 to limit it to people who are getting services under
4 this 1115 waiver?

5 MS. HOFFMAN: So, this
6 particular 1115 - and I don't know what may come
7 about in the future but this particular 1115 is for
8 substance abuse services. So, that's the area that
9 we're looking at now; but, like I said, something
10 else may come up in the future in other arenas and
11 other populations, but right now, we're looking at
12 substance - I'm sorry.

13 MS. CECIL: I apologize,
14 Leslie. So, Emily, we are considering when we're
15 making the system changes for the 1115 as to whether
16 or not we're going to go ahead and remove suspension
17 or incarcerated individuals. We're still evaluating
18 again - and I think I've mentioned this numerous
19 times - we just want to make sure we're not paying a
20 capitation payment on those individuals.

21 And, so, we're trying to
22 figure out in our system how would we make sure that
23 that doesn't happen. We know that come I think it's
24 next month, that we're going to have a better
25 interaction with the AFRA system which notifies us

1 when somebody is incarcerated or not and that's
2 going to be as close to realtime as you can get.

3 So, we're hoping that that
4 change in the interim until we make a final decision
5 on removing the suspension will dramatically
6 decrease the number of inaccurate reporting of
7 people incarcerated and will also be a lot quicker
8 on removing that suspension when somebody leaves for
9 not just SUD but for any incarcerated person when
10 they leave, that we'll get that notice almost in
11 realtime that they're being released.

12 MS. BEAUREGARD: That would be
13 a huge change and improvement for sure.

14 So, one other question that I
15 had. Would it be possible - and we don't have to
16 get really into the details here - but are you all
17 considering potentially doing some sort of clawback
18 that MCOs know to sort of prepare for if someone is
19 incarcerated, they've already gotten their
20 capitation payment but obviously you can't make any
21 payments, the MCOs when someone is incarcerated.
22 Could there be some agreement that there would just
23 be a clawback of that capitation in retro?

24 MS. CECIL: Oh, yeah, and that
25 happens now.

1 MS. BEAUREGARD: I thought that
2 it might be something to some degree.

3 MS. CECIL: Yeah, that's very
4 much the system now. I think what we've heard from
5 providers is they want some assurance that there
6 wouldn't be any further recoupments or any notice of
7 recoupments based on it but it's not a perfect
8 system. And, so, we can't give an actual, no,
9 you're never going to get recouped because the
10 system shows they were incarcerated.

11 Again, I mean, our current
12 process is that we already do a retroactive review
13 on that and recoup cap payments as a result.

14 MS. BEAUREGARD: Okay. Yeah,
15 that's good to know. Thank you.

16 So, the last question that we
17 had on that item was about OIG oversight of sober
18 living housing and recovery residences.

19 I know this was in a
20 conversation that started back in, at least that I'm
21 aware of, started back in the winter because there
22 was a bill - I think it was House Bill 134 - that
23 was filed to create some sort of certification
24 program, and I understood at the time that the
25 Cabinet wanted to kind of look into it.

So, I wasn't sure if there were any updates.

MS. HOFFMAN: The only thing that I'm aware of - and anybody else can feel free to speak - I think the sober living and the recovery residences, I think that's through DBHDID within our Cabinet, and I was thinking it was called - forgive me if I'm butchering the acronym - but I thought it was like NAR, N-A-R, but we could reach out to our partners in DBHDID if you want me to.

MS. BEAUREGARD: That would be great. If you could just connect me with them, that would be really helpful and we could have them at our next TAC meeting.

MS. HOFFMAN: I'd be happy to include them in the next TAC meeting.

MS. BEAUREGARD: That would be really helpful. Just to give you two of the concerns that I've heard, one is the quality of these residences is not always great, sometimes very bad.

But in addition to that, many turn people away when they're on MAT, on medication-assisted treatment, for their substance use disorder, and we understand that Medicaid provides

1 MAT, and that's something that many people need in
2 order to recover. So, if they don't have housing,
3 that can really cause a problem and that's been a
4 real struggle.

5 MS. HOFFMAN: Okay.

6 MS. BEAUREGARD: Does anyone
7 else have a question or anything that they want to
8 say related to this?

9 Then, we can move on to Public
10 Charge. I mainly wanted to say thank you. The
11 Commissioner I think many months ago now approved
12 the memo that Miranda and I think some colleagues
13 from the Kentucky Office for Refugees worked on. We
14 really appreciated that information going out
15 through DMS so that it was official.

16 I did notice that the link on
17 the website says Public Change instead of Public
18 Charge, and I don't think that many people will
19 recognize Public Change as the same thing. So, I
20 don't know if they will click on it. So, it's just
21 a small request.

22 MS. BATES: Was that on our
23 website, Emily?

24 MS. BEAUREGARD: Yes.

25 MS. CECIL:: I'm looking at our

1 website and I see Public Charge Rule.

2 MS. BEAUREGARD: Oh. Well,
3 maybe it got changed.

4 MS. BROWN: But if you click on
5 it, the link that actually appears still has the
6 incorrect verbiage. So, if you share the link with
7 someone, it's still going to have the word Change in
8 it instead of Charge.

9 MS. BEAUREGARD: That's not as
10 big an issue probably, but I think that if it can be
11 changed, that would be great. And maybe from the
12 time that I made this agenda, the change got made.
13 So, I appreciate it.

14 The next item on the agenda is
15 the 1915(c) waivers and I wanted to start by asking
16 about the status of the EVV implementation which if
17 people aren't familiar with it is electronic visit
18 verification.

19 MS. HUGHES: Pam, are you still
20 on?

21 MS. SMITH: I am, yes. This is
22 Pam Smith with Medicaid in Community Alternatives
23 and we're overseeing the EVV implementation.

24 So, where we are right now is
25 we are in the middle of testing. We started sending

1 out the directions for accessing training. Training
2 will begin that first full week of October. And,
3 then, we have a soft go-live on November 17th where
4 any of the providers that choose to use EVV at that
5 point can.

6 We're encouraging them to do
7 so. It is not mandatory at that time but what it
8 will do, it will allow them to maybe select a few
9 participants they want to use it with to get kind of
10 the hang of scheduling visits, visits they've
11 completed, what the billing looks like for Tellus
12 and it kind of gives the rest of November and
13 December to work out any kinks, get any questions
14 answered.

15 And, then, for dates of
16 service January 1st of 2010 and forward, it is
17 required and all of the billing has to go through
18 the Tellus ap. We have about eight or nine third
19 parties that are working with different providers in
20 the state. They are in the process of testing right
21 now. It involves about twelve different agencies I
22 think that use those. So, we're working hard with
23 those vendors to get the communication out for them
24 and any changes.

25 We will be doing a training

1 targeted towards the PDS employees just because it's
2 a little bit different for them than it is having
3 someone at an agency that schedules the visits, but
4 that starts also, that training begins also that
5 first full week of October.

6 MS. BEAUREGARD: Okay. Thank
7 you. Any questions about that before we go on?

8 MR. CAMPBELL (By Interpreter:)
9 I do. I am a 1915 waiver and I get my home health
10 aide through a home health agency. Do I have to do
11 anything or is it the agency's job?

12 MS. SMITH: It will be the
13 agency. So, the only thing, Arthur, really that you
14 will need to know is that when your home health
15 aide, when they're done doing their visit, so, at
16 the end of their visit, they'll ask you to make a
17 mark on the device if you can.

18 If not, there's a reason that
19 you can't just saying that they were there and
20 provided the visit but it will be up to the agency
21 to do everything as far as training and making sure
22 that they have what they need to be able to comply
23 with EVV. You won't have to do anything.

24 MR. CAMPBELL (By Interpreter:)
25 My agency is already doing that. Thank you.

1 MS. BEAUREGARD: Thank you for
2 that update, Pam. The next question is the status
3 of rate review. I know that the redesign, the
4 larger waiver redesign process was put on hold, but
5 has rate review continued?

6 MS. SMITH: It was placed on
7 hold with the larger redesign. Right before COVID,
8 we were beginning to dive back into that and we were
9 updating the new administration, and, then, when
10 COVID hit, all of that got placed on hold.

11 So, we will be picking that
12 back up but we have not done anything else with the
13 rate review, with that study as of right now.

14 MS. BEAUREGARD: Do you have a
15 plan for when you might start that work again?

16 MS. SMITH: It's on our plan
17 but it will depend honestly on the state of
18 emergency and us getting back to kind of a more
19 stable normal for receiving, you know, individuals,
20 making sure they're receiving the services that they
21 need before we start that back.

22 MS. BEAUREGARD: Okay. And
23 just for I think many people on the phone may not
24 know that the state of emergency, the public health
25 state of emergency goes through I believe it's

1 October 25th or somewhere around there, and, then,
2 we're hoping, I would assume, that there would be an
3 extension of that.

4 MS. BATES: It's October 23rd,
5 and the feds didn't make a decision until right up
6 close to that last time, right, Veronica?

7 MS. CECIL: That's correct.

8 MS. BEAUREGARD: Okay. Thanks.

9 MR. CAMPBELL (By Interpreter:)
10 Will we talk about this issue again?

11 MS. BEAUREGARD: Arthur, I can
12 put the rate review on the next agenda. We can
13 continue to follow up, yes.

14 MS. DEMPSEY: Emily, could I
15 ask a quick question about EVV?

16 MS. BEAUREGARD: Yes, of
17 course.

18 MS. DEMPSEY: I just wanted to
19 check and see. On the EVV implementation, are you
20 all hearing a lot from parents, family members that
21 I assume are doing PDS services on if it's going to
22 be difficult for them to adapt to the EVV plan?

23 MS. SMITH: Honestly, we have
24 heard from a few but it is less than ten
25 individuals. And when you consider the fact that in

1 Kentucky, we have about 70% of our participants in
2 the waivers participant direct at least one service.
3 So, it's less than 1% of the individuals. And, so,
4 we're working with the individuals that have
5 specific concerns.

6 MS. DEMPSEY: Okay, because we
7 had heard from some that are not used to an
8 electronic system or that haven't used an electronic
9 system. Okay. I was just curious.

10 MS. SMITH: That's one of the
11 reasons we decided to do the training that's
12 targeted specifically to the PDS employees just
13 because it's different than anything really that
14 they have done. Some of the agencies already have
15 those systems in place.

16 And, then, we're working with
17 just individuals as they contact us. Kelly, I know
18 that you've worked with her some, our communication
19 analyst. She is working specifically with
20 individuals, too, on their concerns and, then, we
21 are kind of doing some hand-holding if it's needed.
22 So, we're doing what we can to facilitate the change
23 because we realize it's going to be different.

24 And, so, we're trying to work
25 with them and make sure that they get included in

1 that initial group, too, in November so that even if
2 all they do is schedule visits, they get to use the
3 system some before it is absolutely mandatory that
4 they use it.

5 MS. DEMPSEY: Okay. And who is
6 that that's working with family members?

7 MS. SMITH: So, Kelly is our
8 communications analyst. She does a lot of the
9 communication. April and I are the leads on the
10 project and, so, we've had specific discussions.
11 Tellus will be conducting the training as well. So,
12 it's kind of a team effort as far as who is
13 involved.

14 MS. DEMPSEY: Thank you.

15 MS. BEAUREGARD: All right.
16 Any other questions, Patty?

17 MS. DEMPSEY: No. That's it.
18 Thank you.

19 MS. BEAUREGARD: Okay. Great.
20 And, then, the next item on the agenda is related to
21 Appendix K which is part of an application that was
22 approved specific to changes that Medicaid was
23 making to respond to the needs of the pandemic.

24 I'm going to let Arthur share
25 his questions and concerns related to that which he

1 did email earlier to Sharley and other members of
2 the TAC. So, Sharley, if you also want to share that
3 with DMS staff, that might be helpful to them.

4 Arthur, would you like to
5 share your concerns or would you rather I read what
6 you wrote?

7 MR. CAMPBELL (By Interpreter:)
8 I have a question. I know what I wrote is long.

9 MS. BEAUREGARD: Well, I think
10 that the example that you provided really got to the
11 heart of it. Maybe we can start by saying there's a
12 box on the application that would have allowed for
13 any necessary support provided in hospitals and
14 Arthur shared two things.

15 One is a process that P&A is
16 really leading, I believe, related to how hospitals
17 decide who gets a ventilator or who gets certain
18 life-saving services whenever there aren't enough to
19 go around, which luckily in Kentucky we haven't been
20 in that situation yet but I know there's been
21 planning for it, and that was more background - do
22 you want to take over?

23 MR. CAMPBELL (By Interpreter:)
24 Okay. Let me do this. Be patient.

25 INTERPRETER: (Reads from Mr.

1 Campbell's correspondence:) Ms. Beauregard, I have
2 asked to be put on the September 22nd, 2020 Consumer
3 Rights TAC Zoom meeting agenda to discuss a very
4 important issue that will greatly affect many people
5 with severe disabilities who are on Kentucky
6 Medicaid.

7 MS. BEAUREGARD: So, Arthur,
8 the second part - oh, I'm sorry.

9 INTERPRETER: (Reads from Mr.
10 Campbell's correspondence:) Ms. Beauregard, I did
11 not ask to be put on the September 22nd, 2020
12 Consumer Rights TAC Zoom meeting agenda to discuss
13 the Commonwealth of Kentucky crisis standards and
14 the sequential organ failure assessment.

15 No matter how important that
16 issue may be, in fact, at some future TAC meeting, I
17 may ask to speak on this subject, but today I want
18 to talk about a very important Medicaid issue called
19 Option K-2 box.

20 I am sure that you know, Ms.
21 Beauregard as well as the rest of the TAC members,
22 that Kentucky has numerous 1915(c) waivers including
23 Supports for Community Living, the Michelle P.,
24 Home- and Community-Based and Acquired Brain Injury
25 Waivers.

1 In March and April when the
2 coronavirus or the COVID-19 pandemic got critical,
3 the Department for Medicaid Services in Washington,
4 D.C. put in Appendix K in its waiver and Kentucky
5 Department for Medicaid Services got approval of
6 this Appendix K on March 25th, 2020 from the Center
7 for Medicaid Services.

8 If the states would check the
9 K-2 box which says I temporarily allow for payment
10 for services for the purpose of supporting waiver
11 participants in an acute care hospital or short-term
12 institutional stay when necessary supports
13 (including communication and intensive personal
14 care) are not available in that setting, or when the
15 individual requires those services for communication
16 and behavioral stabilization, and such services are
17 not covered in such settings.

18 However, Kentucky DMS did not
19 check the Appendix K-2 box. Protection & Advocacy
20 and our group wrote several times to Secretary
21 Friedlander and Commissioner Lisa Lee asking DMS to
22 update its Appendix X and check the K-2 box.

23 Commissioner Lee said that
24 it's not needed. She also said that hospitalized
25 patients can already have staff with them. It's

1 been our experience that a waiver participant is not
2 allowed to charge for having staff with them and
3 could face Medicaid fraud charges if they do.

4 I am going to use myself as an
5 example why this K-2 box is so desperately needed to
6 be checked. About five or six years ago, I had a
7 hernia operation and the first medical system didn't
8 want to put me in the hospital to do the operation
9 but I made them because of my cerebral palsy. When
10 I am in severe pain, I cannot manipulate and control
11 my limbs.

12 Because of my severe speech
13 impairment, I had my brother accompany me to the
14 hospital to explain that I had intelligence and how
15 I communicate with my linguistic board and how my
16 body will react to pain.

17 After he explained all of
18 this, the hospital personnel said okay. After my
19 brother left the hospital, a nurse or one of the
20 aides brought my dinner in. She wouldn't look at my
21 linguistic board. She ignored what I was trying to
22 tell her and placed the dinner high up out of my
23 reach. So, I didn't eat that night.

24 The next morning, they did the
25 operation. At noon, they brought my lunch. Due to

1 the pain, I couldn't control my hands to eat, so, I
2 didn't eat lunch. I was supposed to have pain
3 medication every four hours, but after 6 p.m. that
4 day, I did not get any more pain medication.

5 When I got to be in severe
6 pain, I begged for pain medication but they ignored
7 me. Then I asked them to call my brother or my
8 personal assistant to come and help me talk to them.
9 They refused to.

10 I didn't have anything to eat
11 or drink the three days while I was in the hospital.
12 When my brother and my personal aide came to take me
13 home, the hospital personnel told my brother the
14 reason for them ignoring me was because I was being
15 mean and unruly.

16 This is why someone like
17 myself needs to be able to bring a personal
18 assistant to the hospital to assist us in
19 communication and personal needs, and DMS or the
20 Cabinet needs to pay our personal assistant while
21 they are assisting us doing things if the hospital
22 does not provide that kind of service.

23 This issue is a very serious
24 problem and has always been around in the disability
25 community, but it came to the forefront when the

1 coronavirus or the COVID-19 appeared in March and it
2 is a very important issue that will really affect
3 many people with severe disabilities who are on
4 Kentucky Medicaid.

5 MR. CAMPBELL (By Interpreter:)

6 I would ask the members to bring this issue before
7 the MAC meeting and ask the Cabinet or Medicaid to
8 sign or mark the K-2 box. Thank you.

9 MS. BEAUREGARD: Thanks,

10 Arthur. I appreciate it. It sounds like a very
11 terrible experience that you had. I don't know if
12 anybody wants to respond to that from DMS, but we
13 can make a recommendation to the MAC that DMS select
14 that box.

15 MS. SMITH: And, Emily, I can

16 give some context behind it. And, Arthur,
17 certainly, that was a terrible experience that you
18 had and I wish that I could say that didn't happen
19 in hospitals and it wouldn't but we know that it
20 does.

21 I will let you know specific

22 to this option in Appendix K, we did not select it
23 initially and we continue to monitor anytime we have
24 a waiver participant that has been hospitalized
25 related to COVID. We have been lucky that we have

1 had very good control in this population and have
2 not seen the - and I'd say it's been about a month
3 since I got the report - but we had only had I think
4 it was two hospitalizations out of all of our waiver
5 population related to COVID.

6 So, at any point in time, we
7 can amend Appendix K if we need to do that. So, we
8 have been watching this situation; and if at anytime
9 if we see that it does become necessary, we can
10 change that amendment and submit to CMS for review
11 and approval.

12 MR. CAMPBELL (By Interpreter:)
13 One more thing. CMS said this box will be good
14 after COVID-19 is over with.

15 MS. SMITH: Go ahead, Arthur.

16 MR. CAMPBELL (By Interpreter:)
17 So, I think this box should be checked. Thank you.

18 MS. SMITH: So, Appendix K is
19 only applicable during the state of emergency.
20 However, Arthur, I think you bring up a very good
21 point about when we have individuals such as
22 yourself that may have communication barriers, that
23 it is important for them to be able to have someone
24 in the hospital with them to be able to make sure
25 their needs are being met and that what happened to

1 you does not happen to them.

2 So, I have noted that down.
3 The HCB waiver, actually we're working on the
4 renewal as the current application has expired. So,
5 I have written that down. We will look at how we
6 can add that to the regulation and to that renewal,
7 the possibility for that option so that it won't
8 just exist during states of emergency so that it
9 would be part of the service offering itself.

10 MS. BEAUREGARD: Pam, that
11 sounds like an even better solution, although, I
12 mean, potentially both would be good.

13 I wanted to ask what the
14 downside would be of selecting that box on Appendix
15 K? Is there a high cost to it? Are you worried
16 that people unnecessarily use services because it
17 still seems to suggest that they would be for only
18 when services aren't available?

19 MS. SMITH: So, there wasn't
20 necessarily any intent behind not selecting it other
21 than we were, as I mentioned, keeping a very close
22 eye on our waiver individuals and who had been
23 exposed to COVID, who had had presumed positive or
24 positive tests and the supports that they needed,
25 not only in the hospital but also if they needed

1 additional supports at home.

2 So, we honestly, we did not
3 select it on our first submission with the knowledge
4 that if it became necessary that we could go back
5 and amend that and cover it. So, there wasn't
6 really any intent behind not selecting it.

7 I think we were focused more
8 on making sure that we could allow individuals to
9 get more in-home services and that we could try to
10 keep them out of the hospital versus having to go in
11 to the hospital or in to an institution where
12 there's a likelihood that they would get exposed to
13 COVID was actually higher than us being able to
14 provide wraparound services at home and provide them
15 more at home.

16 MS. BEAUREGARD: Okay. Arthur,
17 it sounds like you have something more to say.

18 MR. CAMPBELL (By Interpreter:)
19 I may have more to say about this at our next
20 meeting.

21 MS. BEAUREGARD: Okay. We can
22 put it on the agenda again. And I wanted to just
23 ask Pam for clarification. On the HCB waiver
24 renewal, what is the time frame for that and is
25 there any followup we need to do?

1 MS. SMITH: So, we are in the
2 final editing stages. So, we realize that it's
3 going to be confusing because there was waiver
4 redesign and all of the waivers had been out for
5 public comment.

6 So, we will do some webinars
7 probably that first week of October. We are
8 targeting October 5th to release both the HCB and
9 Model II for public comment. We will have a sheet
10 that goes with it that will highlight what changed.

11 We have expanded some of the
12 high-level things. We've expanded home-delivered
13 meals so that there will be more opportunities to
14 access that service. We tried to clarify some of
15 the definitions. We were trying to expand some of
16 the provider networks to expand who can provide
17 some of the services.

18 We are looking at updating the
19 PDS legally responsible and immediate family member,
20 that criteria to make it more participant friendly.

21 So, as we get closer to
22 releasing that which I realize, gosh, it's already
23 almost the end of September, we'll communicate some
24 more. So, we will send something out, plus we will
25 have at least one live webinar and record it. If

1 we have a lot of people registered for that one, we
2 will try to have two, maybe one in the morning time
3 and then one more towards the evening that will go
4 over more about the changes and what to look for.

5 MS. BEAUREGARD: Okay. Thanks.
6 And are you suggesting that before you actually
7 complete this final edit that you would be adding in
8 services similar to what is written on that box from
9 Appendix K?

10 MS. SMITH: Yes. I will look
11 at that and actually meet with - we're meeting with
12 Dale tomorrow. So, I'm actually going to look at
13 that and the regulation and see what options that we
14 have.

15 MS. BEAUREGARD: Thank you. We
16 really appreciate that.

17 MS. SMITH: And, Arthur, you
18 know that if at anytime you want to email me if you
19 have any, even before the next TAC meeting, if you
20 want to send me an email or have any more comments,
21 please send those. You can send them directly to me
22 or to that Medicaid public comment box.

23 MR. CAMPBELL (By Interpreter:)
24 Okay, boss.

25 MS. SMITH: Thank you.

1 MS. BEAUREGARD: All right. I
2 think we can move on to the next item on the agenda
3 which has been on the agenda for a long time and I
4 think it's probably something that maybe just fell
5 through the cracks because at our last meeting, I
6 believe Commissioner Lee was there and said that DMS
7 planned to create this policy to follow up on what
8 this process should look like.

9 Just as a refresher, members
10 of any advisory committee or structure that are
11 participating in some sort of Medicaid-related
12 advisory committee and need assistance, personal
13 assistance, interpretative services, transportation
14 or other accommodations to fully participate, that
15 that be covered by DMS or provided.

16 So, that was something that I
17 think has been agreed to but we haven't seen a
18 policy.

19 MS. BATES: Did you all make a
20 recommendation on that?

21 MS. BEAUREGARD: Yes. We made
22 multiple recommendations.

23 MS. BATES: I knew you did
24 before but, I mean, as a result of I guess, gosh,
25 whenever we met last. Was it January or who knows

1 when?

2 MS. BEAUREGARD: Yeah. I do
3 think that there was a recommendation. I don't
4 remember DMS' official response, although we could
5 go back and look.

6 What I recall is just the
7 Commissioner coming to our meeting and saying that
8 we would do that.

9 MS. HUGHES: All that is
10 covered under the Americans with Disabilities Act
11 laws. So, I mean, I don't know that we would
12 necessarily have----

13 MS. BEAUREGARD: Yes, you're
14 correct that the ADA protects people with
15 disabilities and provides for accommodations or
16 requires accommodations be provided.

17 But what we have experienced
18 or what Arthur specifically has experienced but we
19 believe that other people with disabilities would
20 also be facing is participating in these advisory
21 positions can be really prohibitive if you don't
22 have personal assistance, interpretative services,
23 transportation, the things that you need in order to
24 fully participate and the cost has been on the
25 individual until now.

1 I know that there was some - I
2 think, Sharley, you mentioned if Arthur needed
3 anything, he could email you, but what we want is a
4 really formal process that all people know they can
5 follow in order to have their needs met.

6 And we expect that more people
7 with disabilities would participate in advisory
8 committees if they knew that these accommodations
9 were being made for them, so, just something that
10 would be formal.

11 MS. BATES: So, if you all can
12 make a formal recommendation, then, that way we can
13 give you something formal back and, then, everybody
14 will just be formal.

15 MS. BEAUREGARD: Well, we have
16 made probably like ten formal recommendations but we
17 will make another one.

18 MS. BATES: Well, I think
19 Sharley was looking from January.

20 MS. HUGHES: Actually, I have
21 found it, and based upon that - you did make the
22 recommendation, the TAC did, but, then, at the MAC
23 meeting, our response back to the TAC was based upon
24 what Ms. Beauregard discussed at the January 23rd
25 MAC meeting, she believes this has been resolved.

1 The Department cannot provide something in writing
2 because it would depend on the particular situation.
3 However, we have shared several times we will work
4 with any individual that is appointed to any TAC.

5 So, based upon----

6 MS. BEAUREGARD: Well, then,
7 there was a misunderstanding of whatever I reported
8 at that MAC meeting. What I reported was probably
9 in response to Commissioner Lee saying that DMS
10 would create an official policy. So, I probably
11 reported that as good news but certainly I didn't
12 say that things were resolved.

13 MS. BATES: I would just go
14 ahead, Emily, and just go ahead and recommend it
15 again. That way we can just kind of put it to rest.

16 MS. BEAUREGARD: Yeah. And,
17 like I said, the reason that it's important isn't
18 because Sharley has - nobody has told us recently
19 that there won't be accommodations. We just want a
20 process people can know and follow. Okay. So,
21 thank you for that.

22 MR. CAMPBELL (By Interpreter:)
23 Do you want me to - I have outlined what it will
24 cost for someone like me to go to a meeting. Do you
25 want me to re-send that to you?

1 MS. BEAUREGARD: Arthur, I have
2 that in my email and I know Sharley has that, too.
3 We can share that information with the MAC, but I'm
4 glad to hear. I mean, it sounds like both
5 Commissioner Lee and Stephanie are saying that this
6 is something that DMS is willing to do. It's just a
7 matter of getting the process completed.

8 I remember the number being
9 something around \$600 for the transportation, the
10 personal assistance in order to attend all of the
11 MAC meetings. So, while it's cost-prohibitive to
12 the individual, it's not necessarily cost-
13 prohibitive to the Cabinet to do this for the people
14 who are providing this advisory.

15 MS. HUGHES: The travel is
16 actually covered in the statute for the TACs and the
17 MAC.

18 MS. BEAUREGARD: The personal
19 assistance, the person driving.

20 MS. COLLINS: If I may, it also
21 could be like a hotel room because I have been told
22 - this is Camille Collins with Protection &
23 Advocacy, and I believe I've stated this in previous
24 meetings.

25 For example, there was a woman

1 in Eastern Kentucky who was very interested in
2 serving in this capacity; but to come to this
3 meeting which is two hours, for her, it's a four-
4 hour or five-hour drive and she has a physical
5 disability and it is very exhausting.

6 And, so, she would require a
7 hotel to accommodate her to be able to attend. So,
8 it's costs like that, too, that are normally outside
9 of the travel costs that are in the regulations.

10 MS. HUGHES: Camille, it does
11 state that any - I can't remember the language that
12 the law states but it's any required travel expenses
13 to meet the needs, and we have covered hotel rooms
14 for other MAC and TAC members previously.

15 MS. BEAUREGARD: I think all of
16 that is good. We want to just see it written out in
17 a formal way so that people know how to request
18 that. And as we're even recruiting TAC members, it
19 would be really nice to have that information to say
20 don't be discouraged from participating because
21 these costs can be covered and here's how you can do
22 it. I mean, that's really all we're looking for at
23 this point.

24 MS. BATES: So, Sharley, I
25 think we just need to wait on the recommendation

1 and, then, we'll formally respond back.

2 MS. HUGHES: Okay.

3 MS. BEAUREGARD: Thank you.

4 So, if there's nothing else to discuss with that
5 item, and I don't think there is, we can move on to
6 the next which is the recommendations.

7 So, I have been taking some
8 notes, and I'll just kind of briefly run through
9 what I think we have heard, and, then, if folks have
10 other things they want to add or change, you all can
11 let me know.

12 So, one thing if we want to
13 make a recommendation about doing some sort of side-
14 by-side comparison of MCOs for open enrollment, and
15 if not, that that information just be provided to
16 MAC and TAC members so that we can then provide it
17 to our networks. So, what do people think about
18 that?

19 MS. BROWN: I like it.

20 MS. BEAUREGARD: Which one? We
21 could say this ideally or this.

22 MS. BROWN: I do think that
23 because consumers get open enrollment information
24 directly from the State, I think it would be helpful
25 for that information to include some, even if it's

1 limited, side-by-side comparison of why these are
2 different.

3 MS. BEAUREGARD: Yes, I agree,
4 and even if it has to be electronic because I
5 wouldn't want any of the mailings to be delayed and
6 I understand that there may be a timing issue there,
7 but we can work on that one. Okay.

8 The next would be that DMS
9 take the option to remove the five-year bar for
10 legally residing immigrants, pregnant women, I
11 should say, legally residing pregnant women to
12 provide Medicaid coverage, that DMS expand emergency
13 Medicaid to include outpatient services and educate
14 consumers on enrollment options, on how to initiate
15 an application probably would be the right thing to
16 say. And there are some states that are doing this,
17 like I said, that we could look to as examples.

18 And, then, the next would be
19 that DMS waive any copays under the fee-for-service
20 program, if possible, if that's legally possible.

21 MR. CAMPBELL (By Interpreter:)
22 Do you need a motion?

23 MS. BEAUREGARD: Thanks,
24 Arthur. I'm just going to run through these really
25 quickly. And, then, if everybody likes the sound of

1 them, we'll go through them and vote on them.

2 MR. CAMPBELL: Okay.

3 MS. BEAUREGARD: So, the next
4 would be that DMS select Option K-2-I box on that
5 Appendix K application.

6 The next would be that DMS - I
7 don't know if I should say update the HCB waiver
8 renewal, include services for waiver participants as
9 we stated basically who are - what is that language
10 - temporary allow for payment for services for the
11 purpose of supporting waiver participants in an
12 acute care hospital or a short-term institutional
13 stay, etcetera, so, just to basically formalize what
14 Pam said.

15 And, then, the final would be
16 develop a written policy outlining this issue with
17 the ADA in making accommodations.

18 Was there anything else that
19 people wanted to recommend? Okay. Any changes to
20 what I have just said? Now I'll go through them and
21 try to get all the terms correct and be specific
22 with the details; and with each one, we'll stop and
23 do a motion.

24 So, the first would be that
25 DMS develop a side-by-side document comparing the

1 value-added services provided by each MCO for open
2 enrollment, or that DMS provide this information to
3 TAC and MAC members to share with their networks.
4 And I would also clarify, it could be a side-by-side
5 that is on paper or electronic.

6 So, I'll take a motion for
7 that.

8 MS. BROWN: I'll motion.

9 MS. BEAUREGARD: A second?

10 MS. DEMPSEY: I'll second.

11 MS. BEAUREGARD: Thank you,
12 Patty. All in favor? Any opposed? So, that
13 passed.

14 The next would be that DMS
15 take the option to remove the five-year bar for
16 legally residing pregnant women. I'll take a
17 motion.

18 MS. BROWN: Motion.

19 MR. CAMPBELL: Second.

20 MS. BEAUREGARD: Arthur. All
21 in favor? Any opposed? Motion passed.

22 The next would be that DMS
23 expand emergency Medicaid to include outpatient
24 services when necessary and educate consumers on how
25 to initiate the emergency Medicaid application.

1 I'll take a motion.

2 MS. BROWN: Motion.

3 MS. BEAUREGARD: Thank you,

4 Miranda. Second?

5 MR. CAMPBELL: Second.

6 MS. BEAUREGARD: All in favor?

7 Any opposed? That one passed.

8 The third is that DMS waive

9 copays in the fee-for-service program, if possible.

10 I'll take a motion

11 MS. DEMPSEY: I'll motion.

12 MS. BEAUREGARD: Thank you,

13 Patty. Is there a second?

14 MS. BROWN: Second.

15 MS. BEAUREGARD: Thanks,

16 Miranda. All in favor? Any opposed? So, that one

17 passed.

18 The next item is that DMS

19 select the Option K-2-I box on Appendix K or on the

20 Appendix K application, I should say that reads

21 temporarily allow for payment for services for the

22 purpose of supporting waiver participants in an

23 acute care hospital or short-term institutional stay

24 when necessary supports (including communication and

25 intensive personal care) are not available in that

1 setting, or when the individual requires those
2 services for communication and behavioral
3 stabilization and such services are not covered in
4 such settings.

5 MR. CAMPBELL (By Interpreter:)

6 I make a motion.

7 MS. BEAUREGARD: Thank you,
8 Arthur. Second?

9 MS. BROWN: Second.

10 MS. BEAUREGARD: Thank you,
11 Miranda. All in favor? Any opposed? That one
12 passed.

13 The next would be that DMS
14 include services for waiver participants as outlined
15 under Appendix K, K-2-I as part of the HCB waiver
16 renewal.

17 MS. DEMPSEY: I'll motion.

18 MS. BEAUREGARD: Okay. Thank
19 you, Patty. Second?

20 MR. CAMPBELL: Second.

21 MS. BEAUREGARD: Thank you,
22 Arthur. All in favor? Any opposed? This one
23 passed.

24 And the final is that DMS
25 develop a written policy outlining DMS' compliance

1 with the ADA in relation to advisory committee
2 participation. I'm going to make the motion that we
3 had made before, that this written policy addresses
4 how DMS complies with the ADA by paying for or
5 providing appropriate accommodations for people with
6 disabilities to allow them to fully participate in
7 meetings as a person serving in an advisory capacity
8 specifically addressing the need for personal
9 assistance, transportation assistance, interpretive
10 services and other accommodations as necessary. I'll
11 take a motion.

12 MS. BROWN: I motion.

13 MS. BEAUREGARD: Thank you,
14 Miranda. Second?

15 MR. CAMPBELL (By Interpreter:)
16 I will not vote on this because it will involve me.
17 So, I'm not supposed to vote.

18 MS. BEAUREGARD: That's
19 probably a gray area. I think you're representing
20 other people, but if you feel comfortable not
21 voting, that's okay. If Miranda and Patty are
22 willing to vote, I think we'll still have a quorum
23 for this one.

24 Miranda already made a motion.
25 Patty, could you second that motion?

1 MS. DEMPSEY: I will. I'll
2 second.

3 MS. BEAUREGARD: Thank you.
4 All in favor? Any opposed? All right. It passed.
5 Arthur did not vote.

6 All right. Thank you all.
7 Those are our recommendations which we will provide
8 to the MAC. I know there's a special meeting
9 tomorrow. I'm not sure that that would be the
10 meeting that we would provide recommendations or is
11 it? Do we have to go off the regular meeting
12 schedule?

13 MS. HUGHES: There's a meeting
14 Thursday of the MAC.

15 MS. BEAUREGARD: I meant
16 Thursday. I'm sorry.

17 MS. HUGHES: Yes, and it will
18 be handled just like every other MAC meeting. The
19 TACs will be making their presentations just like if
20 they were in person.

21 MS. BEAUREGARD: Okay. Thank
22 you. I wasn't sure if it was special only for the
23 items that were on the agenda.

24 MS. HUGHES: That's on the
25 agenda, those items. The TAC reports are listed on

1 the agenda.

2 MS. BEAUREGARD: Okay. Thank
3 you. If anybody is wondering when that next meeting
4 is, it is on Thursday, so, this week, the 24th at
5 10:00, and I included that information on the
6 agenda, the log-in information with the Zoom call.
7 It's also on the MAC page, and I saw that Sharley
8 had posted the agenda there as well.

9 Thank you all. If there's
10 nothing else, we can adjourn.

11 MR. CAMPBELL (By Interpreter:)
12 May I say something?

13 MS. BEAUREGARD: Yes, and I
14 actually had something else I forgot, too.

15 MR. CAMPBELL (By Interpreter:)
16 I am really surprised how good this went using Zoom.
17 I'll see you next month.

18 MS. BEAUREGARD: All right.
19 Before you sign off, I wanted to ask Patty, Miranda
20 and Arthur, do you want to keep our scheduled
21 meeting for October which would be October 20th at
22 1:30 just to get back on track?

23 MS. DEMPSEY: It's fine with
24 me.

25 MS. BEAUREGARD: We can also

1 two weeks before, so, sometime in early October, we
2 could revisit and see if we feel like we need to
3 have a meeting. So, we could have an email exchange
4 to see there are topics that we need to put on the
5 agenda, and if not, we can wait, but, then, the next
6 scheduled meeting would be in December. The final
7 meeting of the year is scheduled for December 15th.

8 MS. BROWN: Like you said, we
9 can revisit, but we will need to vote on our meeting
10 dates for the coming year at one of these upcoming
11 meetings. So, it might be good if we have two just
12 to make sure we have everybody at one.

13 MS. BEAUREGARD: We have a
14 quorum. I like that idea. That's smart. Okay.
15 Why don't we plan on the October meeting and we'll
16 cancel it if we feel like we don't need it, and it
17 may also just be a shorter meeting which would be
18 nice.

19 Thank you, everyone.

20 MS. HUGHES: Just to clarify
21 real quick, Emily, the actual scheduled meeting will
22 be cancelled. Then, you all can call a special
23 meeting for the same date and time.

24 MS. BEAUREGARD: I understand
25 because you're still planning to cancel them during

1 the state of emergency, right?

2 MS. HUGHES: Yes, because we
3 don't have meeting space available big enough to
4 social distance six feet for everybody.

5 MS. BEAUREGARD: And we don't
6 want to do that either. This format worked really
7 well, so, we appreciate you hosting us.

8 MS. HUGHES: Okay. No problem.

9 MS. BEAUREGARD: If that's all,
10 then, we can adjourn. Thanks, everyone.

11 MEETING ADJOURNED

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